					1. 1712	trough 7/81/2006 DEPARTMENT Plays a valid OM location or Docker	Number
	LICATION AS FU	ute for Form PTO-876	-		(アリング	30°00
	LICATION AS FILI (Column 1)		•	•		A	
FOR	(Oolditii) 2)		SM	SMALL ENTITY		OTHER THAN	
ASIC FEE	NUMBER FILED	. NUMBER EXTRA			·	SIMAL	LENTITY
87 OFR 1.18(a), (b), or (d)) SEARCH FEE			RATE	(S) FEE	(1)	RATE (1)	Err
BY OFR 1.(6(k), (f), or (m))					1 ·	-	FEE
XAMINATION SEE							
OTAL OLAIMS							
7 CFR 1.16(1))	minus 20		-				
IDEPENDENT CLAIMS 7 CFR 1.16(N)			x De	2=	OR	x 57	
	Minus 8	=	1 × 700		- Vn		F
PPLICATION BIZE		and drawings exceed 100 application size fee due				x 200=	l ·
EE 7 CFR 1.16(s))	is \$250 (\$125 for st	rall entity) for each	11	1 .			1.
			11.			, ,	
JLTIPI E DECEMBRIS			11.	.			
JLTIPLE DEPENDENT C	LAIM PRESENT (37 CF	R-1.16(f)	180		-		
the difference in column	1 is less than zero ente	r 10° la column	1 1 100		- ·	360	
			TOTAL	L	-	TOTAL	
APPLICATI	ION AS AMENDE	D - PARTII		 		TOTAL [
~'~\^\ /\~!``	umn 1)			:		•	
	AIMS	(Column 2) (Column 3) HIGHEST	SMALI	L ENTITY	OR	OTHER	THAN
REM	AINING	NUMBER DECEME	RATE (\$)		¬ ¬	SMALL E	NTITY
Total 4	IDMENT P	REVIOUSLY EXTRA	100/15(2)	ADDI- TIONAL	1 1	RATE (\$)	ADDI
(D) CFR 1.16(I)	Minus +		1	FEE (\$)	1 1	·\ · .	LAMOIT
Total GT CFR 1.46(1) Independent GT CFR 1.46(1) Application Size Fee (37	Minus **	Γ	Xold =	1	OR >	40	FEE (\$)
Application Size Fee (37	CER 1 16/21	01	x 107		7 -	3	<u> </u>
				*	OR	ocor	1,
FIRST PRESENTATION OF	MULTIPLE DEPENDENT	CLAIM (87 CFR 1.16(1)	180	1	1 1-	- 1 h	
. :			TOTAL	1	7	360	
(O=1 ::		•	ADD'L FEE	L	OR A	DTAL DD'L FEE	
(Colum CLA	IMS 2MI	(Column 2) (Column 3)			· ^	L.	
REMAI	MING	HIGHEST HUMBER PRESENT			i -		·
AFT. AMEND	PR	EVIOUSLY EXTRA AID FOR	RATE (\$)	ADDI- TIONAL		RATE (\$)	ADDI-
Total 4 (37 CFR 1.46(1))	: Minus **	#01 UM		FEE (\$)			TIONAL
Independent (37 CFR 1.16(h))	Minus ***		X =			- 1	FEE (\$)
	. 1		X =		OR X		
Application Size Fee (37			X =		OR X	=]
FIRST PRESENTATION OF I	MULTIPLE DEPENDENT OF	AIM (37 OFR 1.16m)			·		
		,	L		OR:	1.	-
			TOTAL		OR TO	'AI	
If the entry in column 1 is i	less than the entry in co	lunin 2, write "0" in column 3 IS SPACE is less than 20, e IS SPACE is less than 3, ent Chadgeadan 1 to the black	ADD'L FEE		OR ADI	L FEE	

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including patheting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total for Individual to the Individual case) in the individual case in the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.